

(AGENCY LETTER HEAD)

Date:

Name, District Director
Department of Transportation
Street or P.O. Box
City, CA, Zip Code

Attention: Name, District Local Assistance Engineer

Final Project Expenditure Report
(For EEM or Proposition 116 Bicycle Program Projects)

Description/Location of Work:
Project Completion Date:
Expenditure Authorization:
Project Number:
State-Local Entity Agreement Number:

State Funds Allocated:Expenditure Incurred:Total \$

- A. Payment to Contractor
(Attach final pay estimate)
- B. Other Project Costs:
 - Preliminary Engineering
 - Construction Engineering
 - Any Additional Construction
 - Right of Way (Capital and Support)
- C. Liquidated Damages
- D. Outstanding Contractors Claims
- E. Others (specify)

Sources and Amounts of Additional Funds Used:State Funds Allocated But Not Used:CERTIFICATION

I hereby certify that:

To the best of my knowledge and belief, the information in this report is a true and accurate record of project costs. The work was performed in accordance with the CTC approved scope and state funding for the project.

Title and Unit of Local Agency Representative

PROJECT VERIFICATION: This verification of completion also constitutes approval to pay costs shown in the Final Invoice included in the Report of Expenditures. I have reviewed the job site and found the project completed in accordance with the scope and description of the project authorization document.

District Local Assistance Engineer

Date: _____